

NRUSA ACADEMY PROGRAM

Registration – Spring 2010 Season

COST is \$190 per player. This fee covers coach's salaries, uniform costs, referee costs, festival fees. Tournament fees and travel costs are NOT included.

Personal Information (Please PRINT clearly and circle the appropriate answers.)

Player's Name: _____			Sex (circle): F M
Last	First	MI	Date of Birth: _____
Parent(s) or Guardian(s): _____			
Address: _____			
Primary Phone (home/cell?): _____		Secondary Phone(home/cell?): _____	
Primary Email (PRINT CLEARLY): _____		Secondary Email (PRINT CLEARLY): _____	
Years of soccer experience: _____			Grade in Fall 2009: _____
Jersey size: _____	Short size: _____	Sock size: _____	

Emergency Information

In case of emergency, contact the following individuals (parents will always be contacted first):			
Name	Relationship	Home phone	Cell phone
_____	_____	_____	_____
_____	_____	_____	_____
Insurance Information:			
	Company Name	Policy Holder	Policy Number
	_____	_____	_____
Medical Conditions/Allergies: _____			

Mandatory Waiver (Be sure to sign and date before returning form)

<p>I hereby grant permission for my child to participate in the New River United Soccer Association (NRUSA) Academy Program. I realize that, by participating in this soccer program, my child may be accidentally injured. I hereby certify that he/she has no medical problems that could be aggravated by playing soccer. I hereby waive and release the NRUSA, Inc., its representatives, its assignees, its successors and/or the Town of Blacksburg, Town of Christiansburg, Montgomery County and Montgomery County Public School System from any and all claims I may make for any and all injuries suffered by my child due to his/her participation in the activities of this League or of the NRUSA, Inc. I hereby give my permission for a representative of the NRUSA to procure immediate medical attention in the case of a medical emergency. I further understand that as the legal representative of my child, I will be responsible for any and all costs associated with the medical attention including but not limited to ambulance, emergency room, doctor's fees and treatment costs.</p>	
Parent's Signature _____	Date _____

Please send completed form with payment to:

**NRUSA Academy Program
2890 N. Franklin Street, Ste. D
Christiansburg, VA 24073**